

**Manchester City Council
Report for Information**

Report To: Audit Committee - 31 August 2017

Subject: Internal and External Audit Recommendations

Report of: City Treasurer / Head of Audit and Risk Management

Summary

This report summarises the current implementation position and arrangements for monitoring and reporting internal and external audit recommendations.

Recommendations

Audit Committee to note the report.

Wards Affected:

All

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Background documents (available for public inspection):

Documents used in the development of the assurance report include:

- Internal Audit reports to Audit Committee 2016/17
- Internal and External Audit Recommendations Report to Audit Committee
- June 2017

1 Introduction

- 1.1 Audit Committee are provided with regular reports on actions taken to address outstanding high priority recommendations made by both internal and external audit.
- 1.2 Committee have previously agreed to focus on agreed actions which had not been implemented within nine months of the due date. Where this is the case the relevant Strategic Director and Executive Member are to attend Audit Committee to explain the reasons for delay and to confirm proposed actions. In June 2017 it was requested that details of progress on all individual outstanding recommendations be provided to enable greater oversight of progress to address exposure to risk.
- 1.3 High priority represents those recommendations classified as significant, major and critical and deadlines are those agreed with the business at the time of the audit. This report provides these details.
- 1.4 The report focuses solely on internal audit in this period as there are currently no external audit recommendations outstanding.

2 Process

- 2.1 Internal Audit follow up actions agreed in response to high priority recommendations made in both internal audit and external audit reports. Management are asked to provide updates as actions are progressed and completed and Internal Audit follows up formally at least quarterly to ensure that progress is being made. Management are required to provide evidence to support and confirm implementation. Internal Audit consider this evidence and may re-test systems and controls on a risk basis to provide assurance that agreed improvement actions have been implemented and are operating effectively. Sometimes this requires a follow up audit to be completed and agreed actions are considered within that new audit and existing recommendations are considered superseded.
- 2.2 Progress made in the implementation of agreed actions from internal audit reports is reported quarterly to Directorate Management Teams (“DMTs”), Strategic Management Team (“SMT”) and Audit Committee. Progress on external audit recommendations is reported half-yearly.
- 2.3 For any high priority recommendations over six months old Executive Members are now notified for information. At nine months overdue, Strategic Directors are required to attend Audit Committee with the relevant Executive Member to explain the position and any actions being proposed to address or accept the reported risks.
- 2.4 If recommendations are not implemented within 12 months of their due date and subject to any additional requirements or actions agreed by Audit Committee, Internal Audit refer the risks back to Strategic Directors to consider as part of their assurance risk assessment.

3 Current implementation Position

- 3.1 The position in terms of outstanding critical, major or significant (CMS) internal audit recommendations is summarised below and provided in detail at appendix one.
- 3.2 In total 19 recommendations in eight reports are currently overdue past the agreed implementation dates as follows:
- One recommendation is now outstanding over nine months
 - Three recommendations are six to nine months overdue
 - 15 recommendations are between one and six months overdue
- 3.3 Internal Audit has provided DMTs with updates on the status of all recommendations where appropriate in the latest Directorate assurance reports and continue to liaise with management to establish progress and evidence of implementation.
- 3.4 At the last update in June 2017, Audit Committee were advised of recommendations that had been outstanding for more than six months on three other audits. Internal Audit has since confirmed that the ten recommendations from these three audits which were previously reported as overdue have now been implemented. As a result three audits were closed:
- Community Alarms - where one outstanding recommendation was implemented with action taken to address asset management roles and responsibilities. This addressed the action required and the audit was closed.
 - Foster Care Payments had five recommendations outstanding which were implemented as management confirmed an improved system of monitoring and management information. Internal Audit therefore considers the audit to be closed. To support management Internal Audit will be completing an audit later in the year to confirm the effectiveness of the new monitoring arrangements through targeted testing.
 - Hybrid Mail where the two outstanding recommendations were implemented with development of Key Performance Indicators and a project implementation plan. As a result of this an action to implement a moderate recommendation the audit has been confirmed closed.
- 3.5 There have been no additional recommendations referred back to the business in the period since the last report to Audit Committee in June 2017.

Overdue More than Nine Months

- 3.6 For ICT Incident Management two recommendations (9 month and 7 months overdue) were recently confirmed to be implemented with development of an ICT business continuity plan and the implementation of Google which facilitates off-site storage of key documents. This leaves one recommendation overdue more than nine months as follows:

Recommendation	Agreed Action
<p>The Chief Information Officer, in conjunction with the Strategic Business Partner (Corporate Core) should consider the inclusion of appropriate contractual conditions to ensure that staff are available in the event of any major incident. Where working hours during an incident are projected to be significantly longer than usual, the Chief Information Officer should develop arrangements to support him in ensuring that there are no breaches of the European Union Working Time Directive.</p>	<p>Working with HR the Head of Service Operations will review the current on call and working provisions in terms of cover, expectations, terms and conditions and payments.</p>

- 3.7 Progress has been made in scoping the review required, but formal conclusions are yet to be agreed, consulted upon or implemented. In the meantime, ICT Service staff have continued to provide out of hours support during major incidents and management have taken pragmatic decisions to enable effected staff to be appropriately rested and workload be balanced across the team. The Chief Information Officer and Executive Member (Finance, HR and ICT) are aware of the current status and have been invited to Audit Committee to provide an update on the barriers to implementation and what is required to complete the action.

Overdue more 6 – 9 months

- 3.8 Internal Audit has notified senior managers and Executive Members on the following audits where the recommendations have or will reach six months or more overdue by the end of August 2017 to enable them to consider the associated risks. Currently this involves three recommendations in two audit reports:

- North West Construction Hub Performance Management Framework (1)
- Contract Management – Children’s and Families (2)

Overdue less than 6 months

- 3.9 15 recommendations have been outstanding for under six months in five audit reports. Some of these reports also include additional recommendations which have not yet fallen due and all have agreed action plans. These continue to be a focus of Internal Audit monitoring and some have only recently become overdue. The recommendations are all shown in appendix one and relate to the following reports:

- ICT Contracts Management (3)
- NW Foster Care Framework Monitoring (3)
- Highways Network Assets (2)
- Suspense Accounts (3)

- Adults Safeguarding Quality Assurance (4)

4 Recommendations

- 4.1 Members are requested to note the current process and position in respect of high priority Internal Audit recommendations.

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Overdue > 9 Months					
ICT Incident Management	31 October 2016	<p>The Chief Information Officer, in conjunction with the Strategic Business Partner (Corporate Core) should consider the inclusion of appropriate contractual conditions to ensure that staff are available in the event of any major incident. Where working hours during an incident are projected to be significantly longer than usual, the Chief Information Officer should develop arrangements to support him in ensuring that there are no breaches of the European Union Working Time Directive.</p> <p>The Risk and Resilience Manager should include consideration of contractual obligations of key staff and consideration of the</p>	Working with HR the Head of Service Operations will review the current on call and working provisions in terms of cover, expectations, terms and conditions and payments.	<p>Lead for this work (Head of ICT Operations) has been unavailable since January – two alternative staff have covered the role.</p> <p>Internal Audit has seen a rota for out of hours coverage and confirmed that this is being shared among a greater number of staff.</p> <p>The wider issue regarding requirement for out of hours cover, extent and nature of support to be provided, business requirements and contractual coverage has not yet been fully mapped. Internal Audit recognises that this is a challenging area, and that ongoing work in terms of contract management, system replacement and</p>	<p>Director: Bob Brown, CIO</p> <p>Executive Member: Councillor Flanagan</p> <p>Status: 9 months Overdue</p> <p>Action: CIO requested to attend 31 August Audit Committee as more than nine months overdue (subject to confirmation at Audit Committee Chair's Briefing on 29 August)</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		European Union Working Time Directive as part of the guidance on developing BCPs.		continuity management will inform and improve the position. Nonetheless the recommendation as a whole remains unimplemented.	
Overdue 6 - 9 Months					
NWCH, Performance Management Framework 22 March 2016	31 March 2017	<p>The Interim Head of Delivery should establish a performance management framework for projects delivered outside of the Hub.</p> <p>This should consider the establishment of KPIs, the frequency and forms of collating performance data, how poor performance will be dealt with, processes over lessons learnt and continuous improvement.</p>	<p>The establishment of the Development Management Framework to monitor and report on capital projects has now been agreed by MCC. The DMF provides one version of the truth consolidating construction data at project level encompassing schedule, cost and resource information linking it to socio and economic outputs. The DMF utilises Primavera, an industry leading Enterprise</p>	<p>Update in July confirmed the application of KPIs and performance metrics for capital projects/ programmes had been considered.</p> <p>The performance metrics occur at project and programme level in the individual teams at present however the intention of establishing the PMO (Programme Management Office) to provide consistency, procedure/process, quality and standards across projects and programmes is key to developing this area further within the service.</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Flanagan</p> <p>Status: Six months overdue end of August</p> <p>Action: Reported to Councillor Flanagan, Executive Member as six months overdue end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
			<p>Programme Management tool to provide programme management, interface management, baseline management and performance management visibility.</p>	<p>The Head of PMO has now been appointed and started. Her remit will be to drive this agenda, working with the delivery teams using programme management software (currently DMF - Development Management Framework) to track, report and benchmark key performance output metrics.</p>	
<p>Contract Management – Children & Families 24 March 2016</p>	<p>31 December 2016</p>	<p>The proposed implementation of the SAP contracts module is a key priority and essential to the Directorate in their capacity to improve the quality, accuracy and completeness of contract information.</p> <p>Whilst we understand from the Project Officer that funding was agreed</p>	<p>The SAP contract management module will provide a central repository for all contractual information. It will also enable a scheduled programme of work to be conducted regarding contract compliance, compilation of reports/KPIs and</p>	<p>This work will form part of the corporate review being undertaken by Head of Integrated Commissioning and her team. Recommendations centred on expanding a SAP contracts module across the Council to help standardise contract recording arrangements. Progress was limited by a higher prioritisation of competing ICT projects</p>	<p>Director: Paul Marshall, Director of Children’s Services and Carol Culley, City Treasurer</p> <p>Executive Member: Councillor S Newman and Councillor Flanagan</p> <p>Eight months overdue at end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>and the project approved through the relevant gateways, implementation is on hold. The ICT Strategic Lead for Children's services should provide an up to date position statement and timeframe to allow the identification of a suitable implementation partner.</p> <p>The project is currently being progressed as a solution for Children's and Families contracts only and we strongly recommend that the PID proposes the project as a corporate solution. Clearly this would require Corporate support including consideration and agreement of funding and should be discussed with the Deputy City Treasurer, Head of Corporate Procurement and the ICT Board. Once</p>	<p>effective reporting. Currently data is stored in a number of locations on Excel spreadsheets which present business risks in terms of potential data loss and also require laborious manual integration if reports are needed.</p>	<p>however there is now an integrated commissioning and contract management group established to enable action to be taken on a strategic level. Internal Audit attended the first workshop on 29 June at which options to standardise contract recording arrangements will be explored.</p>	<p>Action: Cross cutting audit recommendations so reported to Executive Members Sheila Newman and John Flanagan as now eight months overdue.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		finalised the PID should then be submitted to ICT's project prioritisation group for approval and programming.			
Contract Management – Children & Families 24 March 2016	31 December 2016	<p>To develop improved contract management guidance that can be rolled out to existing Contract Managers, Officers and stakeholders. This should be reflective of what 'good' contract management looks like and form part of a wider review of contract management guidance and training in all areas.</p> <p>Responsibility for aspects of this should be devolved to the Head of Corporate Procurement to define a standardised approach for effective contract management across the Council which was a desired outcome of reports to the Finance</p>	Support from Corporate Procurement would be welcomed as it is important that corporate standards are set and that there is a One Council approach to the guiding principles of contract management.	This work will form part of the corporate review being undertaken by Head of Integrated Commissioning and her team. Recommendations centred on expanding a SAP contracts module across the Council to help standardise contract recording arrangements. Progress was limited by a higher prioritisation of competing ICT projects however there is now an integrated commissioning and contract management group established to enable action to be taken on a strategic level. Internal Audit attended the first workshop on 29 June at which options to standardise contract	<p>Director: Paul Marshall, Director of Children's Services and Carol Culley, City Treasurer</p> <p>Executive Member: Councillor S Newman and Councillor Flanagan</p> <p>Status: Eight months overdue at end of August</p> <p>Action: Cross cutting audit recommendations so reported to Executive Members Sheila Newman and John Flanagan as now eight months overdue.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>Scrutiny Committee during 2011.</p> <p>This should be linked to a training proposal designed to developing and supporting skills as reduced resources mean less capacity and there is a need for greater flexibility.</p>		<p>recording arrangements will be explored.</p>	
Overdue 1 - 6 Months					
Highways Network Asset	30 June 2017	<p>The Highway Asset Manager should ensure that the Council receives assurance from the Structures and Inspection Team that the accuracy of data included in the Atkins database has been confirmed prior to the valuation certificate being produced.</p>	<p>Structures valuation figures to be checked and endorsed by the team leader when submitted to the Highways Asset Manager.</p>	<p>Highways Asset Manager provided Internal Audit with a copy of the guidance document for collation of the Highways Network Asset figures. This clearly confirms the expectation that this assurance will be provided, and highlights the responsible officer.</p> <p>Currently classed as unimplemented as unclear whether any evidence of provision of this assurance has been</p>	<p>Director: Kim Dorrington, Strategic Director, Highways, Transport and Engineering</p> <p>Executive Member: Councillor Stogia</p> <p>Status: Two months overdue at end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
				retained, also not clear how procedures have been communicated.	
Highways Network Asset	30 June 2017	The Highway Asset Manager should request formal assurance from AMEY over the accuracy and quality of the Street Lighting Data and agree the means to obtain this in advance of the figures being fed into the Council's accounts.	Street lighting valuation figures to be checked and endorsed by AMEY Manager when submitted to the Highways Asset Manager.	<p>Highways Asset Manager provided Internal Audit with a copy of the guidance document for collation of the Highways Network Asset figures. This clearly confirms the expectation that this assurance will be provided, and highlights the responsible officer.</p> <p>Currently classed as unimplemented as unclear whether any evidence of provision of this assurance has been retained, also not clear how procedures have been communicated. It should be noted that the risk profile of this action has changed as the accounting requirement for the Council's accounts has</p>	<p>Director: Kim Dorrington, Strategic Director, Highways, Transport and Engineering</p> <p>Executive Member: Councillor Stogia</p> <p>Status: Two months overdue at end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
				<p>been removed. Nonetheless, the figure is still required for the Whole of Government Accounts and so we are still monitoring implementation of relevant actions.</p>	
Suspense Accounts	End of May 2017	<p>The Finance Manager responsible for the Housing finance system should consolidate Suspense 01 and Suspense 02 into one account and this should be cleared regularly with any balances over twelve months old written off to windfall income. The Finance Manager should revise arrangements for allocating bank charges and should allocate them to an appropriate cost centre rather than the Suspense 02. Suspense 04 should be written off to HRA</p>	<p>No action to be taken in Civica – a new rent accounting system is being implemented and the Group Finance Lead for Housing will ensure that the new system takes into account these recommendations. Bank charges will be paid directly from the revenue account with immediate effect. The rationale for holding accounts 01 and 02 is that it is more transparent which amounts do not relate to Housing and where</p>	<p>The new Housing system is in the process of being implemented but is not yet fully operational. We will seek a further update from managers in due course once the new system is in place.</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Flanagan</p> <p>Status: Three months overdue at the end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		windfall income and the suspense account closed. All future suspense items should then be held in suspense 01/02 and cleared regularly in line with Council procedures.	a transfer has been requested. The new system will be reviewed to ensure that movements within suspense can be identified more clearly.		
Suspense Accounts	31 March 2017	<p>The Chief Accountant should ensure that all suspense accounts are cleared regularly and that finance managers provide assurance that this is done.</p> <p>To do this we proposed that a procedure note is issued to remind managers and staff of the actions required to clear all suspense accounts balances periodically such as every six months. Internal Audit will work with the Chief Accountant in developing the procedural guidance. Any exceptions should be</p>	<p>Procedural guidance will be developed and issued. An age analysis of items in suspense accounts will be requested on a quarterly basis to accompany the income system reconciliations.</p> <p>Senior management at the DWP to be contacted and advised of the issue so the money can be forwarded to the correct place. They will be informed that if no response is received the money</p>	<p>Partially implemented.</p> <p>The guidance has been developed and does include the relevant information.</p> <p>Regarding the DWP income, DWP have been contacted and managers are providing them with the necessary information to support a decision being made.</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Flanagan</p> <p>Status: Five months overdue at end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>agreed at senior management level in finance.</p> <p>The DWP should be formally contacted to confirm they do not want the monies back and the Council can then write this off as windfall income to the General Fund.</p>	<p>will be written off as windfall income to the general fund.</p>		
Suspense Accounts	11 April 2017	<p>The Chief Accountant should include within the proposed new guidance for suspense accounts that: an annual analysis should be provided with the P12 reconciliation detailing the number of suspense accounts; the value of monies in suspense; and the value of any aged transactions.</p> <p>Details of balances should be collated and an age analysis carried out to decide whether further action or write off is required.</p>	<p>This will be included in the procedural guidance. This requirement has already been included in the final accounts timetable issued for 2016/17.</p>	<p>Partially implemented.</p> <p>The guidance has been developed and does include the relevant information.</p> <p>Age analysis of balances for each suspense account have been provided to Financial Accountancy, who have now planned some follow up work to assess what further action is required</p>	<p>Director: Carol Culley, City Treasurer</p> <p>Executive Member: Councillor Flanagan</p> <p>Status: Five months overdue at end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
Contract Management – ICT Contracts 30 Nov 2016	31 March 2017	<p>The Chief Information Officer and Head of Service should set out in the Contract Management Policy the expectations for assurance reporting on contract performance and compliance.</p> <p>This should include Governance arrangements, Ownership and Responsibility, and Format and frequency of reporting.</p>	<p>A suite of Non Functional Requirements are being developed by the Service Operations team to be shared with the DMT & Programme Management Office functions that will provide guidance as to what governance, reporting and performance metrics should form part of contract development.</p>	<p>Template documents are still being drafted, plan to widen contract management ownership being drafted and trialling tracking tool for contract documentation.</p>	<p>Director: Bob Brown, CIO</p> <p>Executive Member: Councillor Flanagan</p> <p>Five months overdue at end of August</p>
Contract Management – ICT Contracts 30 Nov 2016	31 March 2017	<p>The Chief Information Officer needs to ensure that future contract specifications clearly reflect the basis on which the contract will be performance measured and linked to payment. The method for gathering information to support</p>	<p>Functional and Non Functional Requirements must be collected for ALL new projects in addition to building a post delivery support model as part of Project Transition activities</p>	<p>Technical architecture team gather functional requirements and are assisting in development of more robust performance measures.</p> <p>None Functional Requirements document being developed to</p>	<p>Director: Bob Brown, CIO</p> <p>Executive Member: Councillor Flanagan</p> <p>Status: Five months overdue at end of August</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>this process should also be defined. Any work to redefine appropriate performance measures for existing contracts should be focussed on development of the higher risk contracts.</p>	<p>Existing contracts with poor performance metrics will need input from Business Units/Strategic Business Partners as to requirements/to analyse /commercial considerations as to affordability versus risk of the status quo.</p>	<p>ensure that all of this information is recorded in a meaningful way. A draft template is currently being developed which will be rolled out once the team are satisfied that all elements have been included.</p>	
<p>Contract Management – ICT Contracts 30 Nov 2016</p>	<p>31 March 2017</p>	<p>The Chief Information Officer, in conjunction with the Head of Procurement, should ensure that the contract provides clarity over the structure of payment terms and charges during the contract period.</p>	<p>Contract payment profiles to be considered as part of the requirements gathering phase of all new procurement activity and commercial negotiations to be conducted</p>	<p>More effective engagement with finance teams now in place include coordination at planning stages of payment options.</p>	<p>Director: Bob Brown, CIO</p> <p>Executive Member: Councillor Flanagan</p> <p>Five months overdue at end of August</p>
<p>North West Foster Care Framework – Contract Monitoring Review</p>	<p>30 June 2017</p>	<p>Management should review the current risk evaluation process which is used to drive provider monitoring visits. In reviewing the current approach this should</p>	<p>To hold a risk workshop with support from Internal Risk.</p> <p>To develop assessment of risk</p>	<p>Risk Workshop attended by all key management involved with foster care management, key focus at this meeting was why framework was not signed and potential</p>	<p>Director: Paul Marshall, Director of Children’s Services</p> <p>Executive Member: Councillor S Newman</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
25 January 2017		<p>seek to ensure the following is taken into account:</p> <ul style="list-style-type: none"> • Number of placements and value of spend; • Criteria, including related assurance activity, including sources of intelligence and information received through care workers, other Contracted Local Authorities (CLA) or Placements North West; • ‘Joined up’ assurance - Clarifying the role of Placements North West / other CLAs to determine their approach to monitoring. • Management quality assurance reviews of ratings assigned to Providers to ensure consistency across the team; 	<p>based on agreed criteria taking into account audit recommendations.</p> <p>Agree standard expectations for provider visits.</p> <p>To ensure that the process is joined up with Looked After Children (LAC) reviews.</p> <p>To collaborate with other Local Authorities and Placements North West.</p>	<p>implications of this. Further work to be undertaken with Legal to work out way forward. Further workshops to be held to monitor progress against all risks identified on the register though acknowledged that majority of these are for Strategic Commissioning manager Quality Performance and Compliance to action. Audit to remain engaged in the process and monitor recommendations via the workshops / regular meetings.</p>	<p>Status: Three of six agreed actions from this audit are now past the due date but form part of a project of wider review of the approach to contract and monitoring.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<ul style="list-style-type: none"> • Maintaining of evidence to support the basis for risk ratings; • Expectations over the type and frequency of contact with a Provider." 			
<p>North West Foster Care Framework – Contract Monitoring Review 25 January 2017</p>	<p>30 March 2017</p>	<p>Management must ensure that staff with responsibility for monitoring and controlling the cost of placements have a full understanding of the financial and commercial aspects of the contract including; Volume discounts; Sibling discounts and Savings proposals.</p>	<p>Review has already commenced in the application of discounts and savings proposals. 700 lines of enquiry 500 already completed. To agree robust process with finance.</p>	<p>Following meeting with management it was confirmed that all discounts are being assessed at the individual child level to ensure that the correct charges are being made and work is being undertaken to start to approach Independent Fostering Agencies (IFA) about the volume discount however this was being looked at in conjunction with the overpayments work to ensure a clear dialogue with IFAs. Further work still to be undertaken.</p>	<p>Director: Paul Marshall, Director of Children’s Services</p> <p>Executive Member: Councillor S Newman</p> <p>Status: Three of six agreed actions from this audit are now past the due date but form part of a project of wider review of the approach to contract and monitoring.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
<p>North West Foster Care Framework – Contract Monitoring Review 25 January 2017</p>	<p>30 March 2017</p>	<p>Management must validate the accuracy of all existing placement charges to identify the extent of discrepancies and potential over/under charging. Identified overpayments should be taken up with the Provider to recover overpaid amounts and ensure the correct chargeable rate is applied.</p>	<p>Review has already commenced in the application of discounts and savings proposals. 700 lines of enquiry 500 already completed. To agree robust process with finance</p>	<p>In March 2017 it was confirmed that a spreadsheet has been completed to show the position of every child and where their charges vary from those of the contract. This is being prioritised according to the amounts outstanding with each IFA and talks are beginning with the IFA management to confirm the full value of the overpayments and amounts to be reclaimed.</p> <p>It has been confirmed that £90k has now been successfully reclaimed and a further £13K is under review.</p>	<p>Director: Paul Marshall, Director of Children’s Services</p> <p>Executive Member: Councillor S Newman</p> <p>Status: Three of six agreed actions from this audit are now past the due date but form part of a project of wider review of the approach to contract and monitoring.</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
<p>Adult Social Care: Safeguarding Quality Assurance 5 April 2017</p>	<p>30 June 2017</p>	<p>The Interim Head of Adult Safeguarding, Quality and Compliance should consider:</p> <p>Increasing the number of moderation audits, at least in the short term, to obtain greater assurance over consistency and quality of completion;</p> <ul style="list-style-type: none"> • Adopt a similar approach to support new auditors; and • Issuing an audit practice instruction to Quality Assurance auditors and team managers / senior social workers setting out expectations for narrative reporting on audits. 	<p>Moderation to be increased as suggested.</p> <p>Practice guide to be developed and circulated.</p>	<p>Partially implemented.</p> <p>Evidence seen of the individual staff feedback form that is used. Practice guidance still needs to be issued.</p> <p>Internal Audit have not been given information yet regarding the increase in moderation audit work being undertaken and will follow up on that.</p>	<p>Director: Carolyn Kus, Executive Director for Strategic Commissioning and Director of Adult Social Care Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 2 months overdue</p>
<p>Adult Social Care: Safeguarding Quality Assurance</p>	<p>30 June 2017</p>	<p>The Interim Head of Adult Safeguarding, Quality and Compliance should remind</p>	<p>Framework to be clarified as currently unclear about expectations.</p>	<p>Partially Implemented.</p> <p>Internal Audit was told that most teams are compliant with audit</p>	<p>Director: Carolyn Kus, Executive Director for Strategic Commissioning and</p>

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5 April 2017		<p>all team managers and senior social workers that audits should be carried out with the social worker present. We have seen that a tick box has now been included on the audit tool to confirm whether or not the audit was completed with the practitioner present.</p> <p>Compliance rates should be reported to the Board.</p> <p>Consideration should be given to including the option for quality assurance (QA), moderation or Management audits to be completed together with the practitioner with a view to facilitating discussion and agreement over improvement action</p>	Active audits are intended to be completed by Locality and Senior Managers	<p>completion with the practitioner present, this has also been expanded from a QA perspective to include the practitioner at the QA feedback sessions. This enables quality assurance to ensure the practitioner understands the process verbally but also provides them with a written commentary for their individual CPD, supervision and meets the HCPC requirements for registration.</p> <p>Whilst QA recognise that there is now a tick box to identify if the practitioner was present there is no way of measuring this for accuracy.</p> <p>To progress this we will need to see whether compliance rates are being reported to the improvement board.</p>	<p>Director of Adult Social Care Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 2 months overdue</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		where it benefits the Service or individuals.			
Adult Social Care: Safeguarding Quality Assurance 5 April 2017	30 June 2017	<p>The Interim Head of Adult Safeguarding, Quality and Compliance should review management and Board reporting arrangements, taking the following into account:</p> <ol style="list-style-type: none"> 1. We were told that P&I will provide data reports in future. This should be checked to the QA audit dashboard to ensure it is accurate prior to presentation to the Board. 2. Consider reporting additional data sets on the dashboard, such as number of audits: <ul style="list-style-type: none"> • Allocated; • Completed in the Quarter; • Completed with the practitioner present; and 	Reporting arrangements to be reviewed, revised reporting arrangements will be discussed and agreed with PRI	There is currently a redevelopment of the [red / amber / green] reporting RAG process due to barriers to completion. Staff report that the current RAG does not link to the process in MiCare thus making the process longer searching for information. Following a review of the RAG it was identified that some of the systems errors lay with MiCare and that also needs to be amended. During the redevelopment it was also noted that there was a lot of duplication within both MiCare and the RAG. It is considered that this will take some time to redevelop and move forward.	<p>Director: Carolyn Kus, Executive Director for Strategic Commissioning and Director of Adult Social Care Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 2 months overdue</p>

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		<ul style="list-style-type: none"> • Remedial actions raised and implemented. <p>3. Narrative reports: A commentary on the data report including any concerns over performance and what is being done to address them.</p>			
<p>Adult Social Care: Safeguarding Quality Assurance 5 April 2017</p>	<p>30 June 2017</p>	<p>The Interim Head of Adult Safeguarding, Quality and Compliance should consider implementing the following changes:</p> <ul style="list-style-type: none"> • Have the audit tool amended to include a dedicated area for recording remedial actions. • Include guidance on the process in the audit practice instruction at Recommendation 3 above. • A central record of remedial actions should be maintained 	<p>Amend guidance and audit tool to ensure understanding of the need for remedial actions to be tracked.</p>	<p>Partially Implemented.</p> <p>Remedial actions are recorded outside of the RAG with the ability to review recommendations at 1 month, 2 month and 3 monthly intervals. Themes around compliance or process are now communicated monthly to MS via a management report. Records are held on a shared drive on feedback forms (Open to QA only) to ensure that any recommendations are</p>	<p>Director: Carolyn Kus, Executive Director for Strategic Commissioning and Director of Adult Social Care Services</p> <p>Executive Member: Councillor Craig</p> <p>Status: 2 months overdue</p>

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
		<p>by the QA Team and progress with implementation reported to the Board. This should include actions identified on all audits and should be used to inform reporting to senior managers and the Board on progress and to identify thematic improvement issues which may need to be addressed, for example by additional guidance or training.</p>		<p>followed up correctly and timely.</p>	